



KANSAS CORPORATION COMMISSION 1047966
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3895
Name: Bobcat Oilfield Services, Inc.
Address 1: 30805 COLD WATER RD
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 8108
Contact Person: Bob Eberhart
Phone: (913) 285-0873
CONTRACTOR: License # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Wellsite Geologist: N/A
Purchaser: High Sierra Crude Oil

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
11/09/2010 11/10/2010 12/28/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24296-00-00
Spot Description: _____
NW SW SE SE Sec. 5 Twp. 20 S. R. 23 East West
334 Feet from North / South Line of Section
1,011 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Harvey Well #: G-6
Field Name: La Cygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 942 Kelly Bushing: 0
Total Depth: 342 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 338
feet depth to: 0 w/ 50 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 12/29/2010
12-29-10



1047966

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: G-6
 Sec. 5 Twp. 20 S. R. 23 East West County: Linn

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Peru 273 GL
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface casing	8.75	6.25	8	20	Portland	5	
Production casing	5.625	2.875	6	338	Portland/Fly Ash	50	60/40 Poz Mix

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	284-294 & 295-302	Acid 500 gal 7.5% HCL	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbls.	Gas Mcf	Water Bbbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease :	HARVERY	
Owner:	BOBCAT OILFIELD SERVICES	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring HYDRILL	Cemented:	Hole Size:
338 2 7/8	50	5 5/8



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991



Well #: G-6
Location: SW, SE, SE, S:5, T:20, S.R. 23, E
County: LINN
FSL: 330 334
FEL: 990 1011
API#: 15-107-24296-00-00
Started: 11-9-10
Completed: 11-10-10

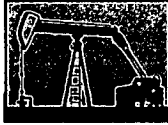
SN: NONE	Packer:	TD: 342
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL			
21	23	LIME			
5	28	SHALE			
4	32	BLACK SHALE			
21	53	LIME			
3	56	SHALE			
2	58	BLACK SHALE			
12	70	LIME (SHALEY)			
1	71	BLACKSHALE			
9	80	SANDY SHALE (LIMEY)			
31	111	SHALE			
24	135	SANDY SHALE (DRY SAND STK)			
75	210	SHALE			
1	211	BLACK SHALE			
18	229	SHALE			
6	235	SANDY SHALE (LIMEY)			
24	259	SHALE			
9	268	LIME			
1	269	SHALE (LIMEY)			
1	270	SANDY SHALE			
3	273	SANDY SHALE (OIL SAND STK) (LIMEY)			
6.5	279.5	OIL SAND (WATER & SOME OIL) (FAIR BLEED)			
3	282.5	OIL SAND (LIMEY) (GOOD BLEED) (SOME WATER)			
1.5	284	OIL SAND (WATER)			
4	288	OIL SAND (SOME SHALE) (GOOD BLEED)			
2	290	OIL SAND (SHALEY) (GOOD BLEED)			
5	290.5	SANDY SHALE			
5	291	OIL SAND SHALE (GOOD BLEED)			
1	292	SANDY SHALE			
1	293	OIL SAND (SOME SHALEY) (GOOD BLEED)			
2	295	OIL SAND (VERY SHALEY) (FAIR BLEED)			
2	279	OIL SAND (SHALEY) (GOOD BLEED)			
3.5	300.5	SANDY SHALE (OIL SAND STK)			
5	301	OIL SAND (SHALEY) (GOOD BLEED)			
2	303	SANDY SHALE (OIL SAND STK)			
12	315	SHALE			
2	317	COAL			
8	325	SHALE			
9	334	LIME			
TD	342	SHALE			

**SURFACE: 11-9-10
 SET TIME: 2:30 P.M.
 CALLED 12:00 P.M. - DEWYNE**

**LONG STRING 338' 2 7/8
 HYDRILL TD: 342' 11-10-10
 SET TIME 3:00 P.M.
 CALLED 1:30 P.M. - BECKY**



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991



Core Run # 1

Lease :	HARVERY
Owner:	BOBCAT OILFIELD SERVICES
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: G-6 NW
Location: SW, SE, SE, S:5, T:20, S.R. 23, E
County: LINN
FSL: 330 334
FEL: 800 1011
API#: 15-107-24296-00-00
Started: 11-9-10
Completed: 11-10-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	273				
1	274		1		
2	275		1		
3	276		1.5	OIL SAND (WATER & SOME OIL) (SOME SHALE) (FAIR BLEED)	279.5
4	277		1		
5	278		1		
6	279		1.5		
7	280		1	OIL SAND (LIMEY) (GOOD BLEED) (SOME WATER)	282.5
8	281		1		
9	282		1.5		
10	283		1.5	OIL SAND (WATER)	284
11	284		1		
12	285		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	288
13	286		1.5		
14	287		1.5		
15	288		1	OIL SAND (SHALEY) (GOOD BLEED)	290
16	289		1.5		
17	290		1.5	SANDY SHALE	290.5
18	291		1.5	OIL SAND (SHALEY) (GOOD BLEED)	291
19	292		1.5	SANDY SHALE	292
20	293		1.5		
				OIL SAND (SOME SHALE) (GOOD BLEED)	

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Customer Copy
INVOICE
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1 Invoice: **10025897**

Special : Time: 15:24:51
 Instructions : Ship Date: 11/10/10
 : Invoice Date: 11/18/10
 : Due Date: 12/05/10

Sale rep #: **MAVERY MIKE** Acct rep code: _____

Sold To: **BOBCAT OILFIELD SRVC, INC** Ship To: **BOBCAT OILFIELD SRVC, INC**
 C/O BOB EBERHART (913) 837-2823
 30806 COLDWATER RD (913) 837-2823
 LOUISBURG, KS 66063

Customer #: **3570021** Customer PO: _____ Order By: **TERRY**

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.8900 BAG	7.8900	2237.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

poplmg01
 FTW
 T 25

Direct Delivery
Harvey G-6
OKRE

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3899.20
SHIP VIA LINN COUNTY				Taxable	3899.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	233.05
TOTAL					\$3932.25

2 - Customer Copy

